

**PCR N Northern & Yorkshire Executive Group Meeting**

10 November 2011, 10:30 – 12:30  
Meeting Room, Dolphin Centre, Darlington

<b>Present:</b>	Alison Selby Chijindu Anyaegbuna James Larcombe (JL) John Hodgson (JH) Naomi Reay (NR) Sarah Daniel (SD) Scott Wilkes (Chair) Terri Harding (TH) Yvonne Coverdale (YC)	PCR N Operations Manager PCR N NY Clinical Trial Coordinator - NTW PCR N Co-Clinical Lead CDTV/CLRN CDTV Representative PCR N NY Clinical Trial Coordinator - WY PCR N NY Co-Clinical Lead – WY PCR N NY Clinical Trial Coordinator - CDTV PCR N NY Clinical Lead/CLRN - NTW PCR N NY Network Manager PCR N NY Clinical Trial Coordinator - NEYNL
<b>Apologies:</b>	Raghu Raghunath (RR) Nick Taylor (NT) Robbie Foy (RF)	PCR N NY Co-Clinical Lead - NEYNL CLRN NEYNL Representative CLRN WY Representative
<b>In Attendance:</b>	Angela Wray Margaret Creek (MC)	PCR N Clinical Trial Nurse, WY PCR N NY - Note taker

**AGENDA TOPICS – OUTCOMES & ACTIONS**

The newly appointed Clinical Trial Coordinator for NTW, Chijindu Anyaegbuna, was welcomed and introductions were made. Chichi will be working 2 days in NTW and 1 day in Stockton office per week.

**1. Minutes of last meeting** **SW**  

Agreed as a true record.
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**2. Matters arising and action outcomes** **TH**  
**2.1 (5 -18/8/11)**  

PPI lay member, Joanne Tozer, was unable to attend the meeting – invitation extended to next meeting.		
Action Items	Responsibility	Deadline
Invite JT to next Executive Group meeting.	AS	9/2/12

**2.1 (7.2 -18/8/11)** **TH**  

Inclusion of RSI practice article in Autumn issue of CDTV CLRN newsletter was unfeasible as articles had already been chosen. However the idea was considered a possibility for a future edition. JH working on WY's article and will approach CLRN when completed.		
Action Items	Responsibility	Deadline
No action necessary		

Annual Report feedback received from the CRN CC. Item deferred to next meeting following circulation of document to group.		
Action Items	Responsibility	Deadline
Circulate feedback report and add to next agenda for discussion.	MC	14/11/11

### 3. PCRN activity update per PCRN NY Spoke

CTCs

NOTE: The Annual Report has not yet been signed off by PCRN CC so is unavailable at the moment.

<p>Each CTC delivered 'update of activity' presentation:</p> <p><u>CDTV (SD)</u></p> <ul style="list-style-type: none"> <li>Accrual figures, boosted by ISICA study, demonstrate over-achievement on both sets of agreed targets.</li> <li>Engagement includes Dentists x 4, Pharmacist x 2 and Optometrist x 1.</li> </ul> <p>Staffing:</p> <ul style="list-style-type: none"> <li>PCRN Research Nurse (FSF-funded) contract ends in March 2012; impact of which will be less accruals and inability to support certain studies, e.g. HEAT. Concerns mentioned in Annual Report, TH in discussion with PCRN CC.</li> <li>Research Facilitator's contract ends March 2012; 3-months notice is required, therefore confirmation of funding availability for extension needs to be confirmed by end December.</li> <li>Funding application for Band 4 Research Support Officer resubmitted to CLRN with recommended amendments.</li> <li>From 21 November SD will take up a 10-month secondment with DeNDRoN. This will leave CTC post vacant until CTC is appointed (interviews end November).</li> </ul> <p>Financial plan:</p> <ul style="list-style-type: none"> <li>Presented plan to CDTV PCWG prior to forwarding to CDTV CLRN. Requesting a larger amount as more resources required to support the increasing number of studies and engagement expected;</li> <li>Total = £376,701 (last year was £201,000)</li> </ul>		
<p><u>NEYNL (YC)</u></p> <ul style="list-style-type: none"> <li>Accruals much higher than last year. However, could be better e.g., Early Arthritis study restricted to 10 sites due to lack of SSC funding in place.</li> <li>Requesting £150,000 for SSCs in financial Plan(3 times more than last year) as well as Research Support Officer to enable continuation of increased activity.</li> </ul>		
<p><u>WY (JH)</u></p> <ul style="list-style-type: none"> <li>Accrual figures overall good, 600 compared to 300 last year. Not achieving on target but anticipating 6/7 studies (some large-recruiting) opening over next few months.</li> </ul> <p>Financial plan:</p> <ul style="list-style-type: none"> <li>Need to retain current staffing (costing £160,000). Due to vast increase in engagement with GPs and recently pharmacists, dentists and working with Community Nurse Groups, it is essential that sufficient staff are available to support and engage as required.</li> <li>There is a need to demonstrate to the CLRN how funds have been spent. PCRN not receiving recognition for work undertaken.</li> <li>RSI scheme: will request £80,000 (same as in previous few years).</li> <li>SSC allocation: will request £120,000 (half of amount offered previously)</li> <li>Research Champions: £72,000 last year. Feasibility of Research Champions due for review end of year. Unnecessary in very active areas. Creates contact and access.</li> <li>Requesting £6,000 for funding meetings (RSI, PCDG, etc).</li> <li>Total including flexibility, meetings, Research Champions, etc maximum required from CLRN is £438,000 (3.5% of their overall budget)</li> </ul>		
<p><u>NTW (TH)</u></p> <p>Finance Plan:</p> <p>TH/SW will request extensions for existing posts. Also requesting CLRN funding for a Research Support Officer to sit with CTC and be managed by PCRN.</p>		
Action Items	Responsibility	Deadline
To forward to NoT and SoT	TH/SW	

#### 4. Reports

AS

Following previous discussion with CTCs it was agreed to streamline reports and only update on changes.		
New report - Advisory Board requested a report demonstrating targets, which AS has produced:		
a) Recruitment against targets		
b) Comparison against other networks (this seems unfeasible as their targets are unknown)		
Action Items	Responsibility	Deadline
Quarterly Report to be emailed to stakeholders.	AS/SW	a.s.a.p.

Post meeting note: Following meeting it was identified that the study targets were not presented as we were intending to use them, AS to work with PCRN CC to correct this and then study/accrual targets can be displayed. Chart (b) showing N&Y accrual alongside other LRNs cannot be used as a comparative tool as the study activity in each LRN is unknown to us as are the end of year targets for each LRN.

#### 5. The Clinical Commissioning Groups

SW

Deferred to next meeting.		
Action Items	Responsibility	Deadline
Add to agenda.	SW/MC	9/2/12

#### 6. Engaging with Speciality Groups

AW/NR

NR and AW delivered a presentation; NR spoke about National Speciality Groups whilst AW concentrated on Local Speciality Groups. The main aims of these groups are to assist in the delivery of studies to time and target within strict parameters, assist with the adoption process and consider the feasibility of studies. Speciality Groups need to demonstrate their value. There is a dedicated NIHR Portal site and a website is in development.		
Action Items	Responsibility	Deadline
No action necessary.		

#### 7. RSI management and performance management

CTCs/All

Deferred to next meeting.		
Action Items	Responsibility	Deadline
Add to agenda.	SW/MC	9/2/12

#### 8. PCRN stakeholder evaluation

SW

Deferred to next meeting.		
Action Items	Responsibility	Deadline
Add to agenda.	SW/MC	9/2/12

#### 9. Any other business

##### 9.1 Agenda overload

It was agreed to extend meeting times to 13:00 to allow for consistently increasing agenda.		
Action Items	Responsibility	Deadline
Check availability/book room.	MC	17/11/11

#### Date of next meeting

<b>Thursday, 9 February 2012</b> , 10:30 – 13:00, Meeting Room, Dolphin Centre, Darlington. (Rescheduled from 16 <sup>th</sup> February). Agenda items to be send to Margaret Creek ( <a href="mailto:Margaret.creek@nyren.co.uk">Margaret.creek@nyren.co.uk</a> ) by <u>1 February 2012</u> for circulation by 6 February 2012.		
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